Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | <u>02-015-2009</u> | Address: | SR 13 1/2 mile south | |
|--|---|--|--|--|
| Case #: | <u>16F18700</u> | | of CR 1425 N | |
| County: | Wabash (85) | | Wabash, TN 46992 | |
| Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only) | | Seizure Location (c Residence Outbuilding Vehicle | theck all that apply) Hotel/Motel Open – No Structure Other: | |
| Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): Anhydrous Ammonia: If Hydrochloric Acid Gas Generator(s): Corrosive Acid: Corrosive Base: Other (item and location):reaction vessel no liquid | | | | |
| Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agence | | ☐ Ephedrinc☐ Retail/Mei☐ Other: | Investigative Information Ephedrinc/Pseudocphedrinc Tracking Log Retail/Merchant Tip Other: | |
| | neut: Wabash VFD. | | varion: | |
| Health Depa | rtment: Wabash Co. Health Dept. tion Service: N/A | Fax: <u>N/A</u> Fax: <u>260-56</u> Fax: <u>N/A</u> | <u>3-60</u> 8 <u>2</u> | |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: Trp. Mike Lorona Phone 765-473-6666 | | | | |
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This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

orm is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.